## State of Illinois Judicial Inquiry Board 100 West Randolph Street, Suite 14-500 Chicago, IL 60601

(312) 814-5554, (800) 227-9429, TDD (312) 814-1881, Fax (312) 814-5719

### COMPLAINT AGAINST A JUDGE FORM

(Please type or print all information and return complaint to the above address.)

#### Kindly be aware that the Judicial Inquiry Board:

- •<u>DOES NOT PROVIDE</u> legal counsel, advice, services, or referrals
- •<u>CANNOT</u> file motions/petitions on your behalf; change the judge's ruling, decision, or judgment; remove/replace the judge hearing your court case; have your case moved to another place/county; act as your attorney; intervene in your case; remove/change your attorney; and
- •HAS NO AUTHORITY TO INVESTIGATE ALLEGATIONS OF MISCONDUCT AGAINST retired Illinois state court judges, attorneys, court personnel, police officers, federal judges, administrative law judges, or arbitrators.

#### You should also note that:

- •If you have a court case that is now being heard by a judge, you should continue to take whatever action is available to you within the court system to correct any judicial errors you believe were committed in your case. Your Complaint is separate from your court case.
- •Filing a complaint with the Judicial Inquiry Board is not a substitute for appeal and has no effect on your legal or appellate rights. If you want or intend to appeal from a judge's order, you must pursue your appellate rights through the judicial system.

Your Name:				
Address:				
City:	State:		Zip:	
Daytime telephone:( )				
Evening telephone:( )				
Note: You must provide the Board with any change of address information to receive correspondence after you have submitted your Complaint.				
How did you hear about the Judicial Inquiry Board?				
<ul><li>□ Notice Posted in the Courthouse</li><li>□ Another State Agency</li><li>□ Internet</li></ul>	☐ Illinois Attorney R☐ News Media☐ Other	☐ Attorney		

# I have information of possible judicial misconduct or disability on the part of the following Illinois judge:

First and Last Nam	e of Judge:			
City and County:				
	☐ Supreme Court			
STATEMENT OF FACTS				
1. When and where	e did this happen?			
Date(s):		Time:		
Location:				
2. If your informat	tion arises out of a court	case, please answer thes	se questions:	
(a) What is the nam	e and number of the case	?		
Case Name:				
(b) What kind of case is it? (Please check one below)				
	ons (D, F, AD, OP)	* * * * * * * * * * * * * * * * * * * *		
☐ Criminal (CF, Cl	M, DT)	☐ Small Claims (SC	)	
<ul><li>□ Law (L)</li><li>□ Law Magistrate (</li></ul>	(I M/M)	<ul><li>☐ Traffic (TR)</li><li>☐ Chancery (CH)</li></ul>		
☐ Probate (P)	(LIVI/IVI)	• , , ,		
, ,	ationship to the case? (P			
☐ Plaintiff/Petition	er $\square$ De	fendant/Respondent		
☐ Attorney for:				
☐ Witness for:				
☐ Other (specify):_				

(d) If you were represented by an attorney in this matter at the time of the conduct of
the Judge, please identify the attorney:
Name:
Address:
Telephone Number:( )
(e) Identify any other attorney(s) who represented you or any person involved in the case:
Name of Attorney:
Address of Attorney:
Telephone Number:( )
Attorney Represented:
3. Identify, if you can, any other witnesses to the conduct about which you complain:
Name:
Address:
Telephone Number:( )
4. Only list and send a <b>copy</b> of those court documents which support your claim that the judge has engaged in judicial misconduct or has a disability. Kindly indicate the specific information contained in your documents that relates to and supports your claim. You should keep a copy of all your submitted documents as <b>we cannot return any documents to you. For security reasons, the Judicial Inquiry Board does not accept documents sent on a USB flash drive, CD, DVD, or any other electronic format.</b>

engaged in judicial misconduct or has	s a disability. Please type or print legibly. If additional space
is required, attach and number pages.	
-	
Your Signature:	
Date:	